

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Committee for a Livable Future

ADDRESS (number and street)

830 NE Holladay Street

Room 105

☐Check if different  
than previously  
reported. (ACC)

Portland

OR

97232

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00323352

3. IS THIS  
REPORT☒NEW  
(N)**OR**☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☒

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

1 1

2 5

2 0 0 8

through

1 2

3 1

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mariia Zimmerman

Signature of Treasurer

Electronically Filed by Mariia Zimmerman

Date

0 1

2 2

2 0 0 9

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Committee for a Livable Future

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	1	2	5	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		69814.86
(b) Cash on Hand at Beginning of Reporting Period .....	28090.22	
(c) Total Receipts (from Line 19) .....	21.58	146467.58
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	28111.80	216282.44
7. Total Disbursements (from Line 31) .....	5534.68	193705.32
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	22577.12	22577.12
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Committee for a Livable Future

Report Covering the Period:

From:

M	M
1	1

D	D
2	5

Y	Y	Y	Y
2	0	0	8

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	41000.00
(i) Itemized (use Schedule A) .....	0.00	686.00
(ii) Unitemized .....	0.00	41686.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	52250.00
(c) Other Political Committees (such as PACs) .....	0.00	93936.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	51510.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	21.58	21.58
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	21.58	146467.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	21.58	146467.58

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	5534.68	37705.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	5534.68	37705.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	151000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	5000.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	5534.68	193705.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5534.68	193705.32

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	93936.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	88936.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5534.68	37705.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	21.58	21.58
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5513.10	37683.74

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 10

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
Committee for a Livable Future

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 4099 SE International Way Ste 203</p> <p>City Milwaukee State OR Zip Code 97222-8853</p> <p>Purpose of Disbursement Payroll Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D182935  <b>Date of Disbursement</b>  <div> <div>11</div> <div>28</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>77.12</div> </p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) ADP Easypay</p> <p>Mailing Address 4099 SE International Way Ste 203</p> <p>City Milwaukee State OR Zip Code 97222-8853</p> <p>Purpose of Disbursement Payroll Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D187598  <b>Date of Disbursement</b>  <div> <div>12</div> <div>31</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>75.12</div> </p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ashforth Pacific, Inc</p> <p>Mailing Address 825 NE Multnomah St Suite 1275</p> <p>City Portland State OR Zip Code 97232</p> <p>Purpose of Disbursement Office Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D187626  <b>Date of Disbursement</b>  <div> <div>12</div> <div>31</div> <div>2008</div> </div> </p> <p><b>Amount of Each Disbursement this Period</b>  <div>952.97</div> </p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**1105.21**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Committee for a Livable Future

<b>A.</b> Full Name (Last, First, Middle Initial) IRS/OR Dept.Of Revenue	<b>Transaction ID:</b> D187606 <b>Date of Disbursement</b>																				
Mailing Address 955 Center St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	8												
City Salem State OR Zip Code 97310-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">405.75</td> </tr> </table>	405.75																			
405.75																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) IRS/OR Dept.Of Revenue	<b>Transaction ID:</b> D182936 <b>Date of Disbursement</b>																				
Mailing Address 955 Center St NE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	8		2	0	0	8												
City Salem State OR Zip Code 97310-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Taxes Candidate Name	<table border="1"> <tr> <td colspan="10">427.31</td> </tr> </table>	427.31																			
427.31																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) KeyMerchants	<b>Transaction ID:</b> D187610 <b>Date of Disbursement</b>																				
Mailing Address 7300 Chapman Highway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		0	1		2	0	0	8												
City Knoxville State TN Zip Code 37920	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Credit Card Processing Fee Candidate Name	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

858.06

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Committee for a Livable Future

**A.**

Full Name (Last, First, Middle Initial)  
Mandate Media, Inc.

Mailing Address 2014 SE 39th Ave

City Portland State OR Zip Code 97214-5912

Purpose of Disbursement  
Web and Internet Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D187608

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Qwest

Mailing Address PO Box 12480

City Seattle State WA Zip Code 98111-4480

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D187607

Date of Disbursement

12 / 30 / 2008

Amount of Each Disbursement this Period

60.54

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Christa M. Shively

Mailing Address 1814 NE 67th

City Portland State OR Zip Code 97213

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D182929

Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

459.32

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

819.86

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Committee for a Livable Future

A.

Full Name (Last, First, Middle Initial)

Ms. Christa M. Shively

Mailing Address 1814 NE 67th

City  
Portland

State  
OR

Zip Code  
97213

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D187599

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

459.32

B.

Full Name (Last, First, Middle Initial)

William D. Smith

Mailing Address 206 NE 29th Ave

City  
Portland

State  
OR

Zip Code  
97232-3204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D187602

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

640.79

C.

Full Name (Last, First, Middle Initial)

William D. Smith

Mailing Address 206 NE 29th Ave

City  
Portland

State  
OR

Zip Code  
97232-3204

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D182931

Date of Disbursement

11 / 28 / 2008

Amount of Each Disbursement this Period

640.80

**SUBTOTAL** of Disbursements This Page (optional) .....

1740.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER:  
(check only one)

PAGE 10 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
Committee for a Livable Future

<b>A.</b> Full Name (Last, First, Middle Initial) The McKenzie Group	<b>Transaction ID:</b> D187609 <b>Date of Disbursement</b>																				
Mailing Address 1605 NE 54th Ave.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	0		2	0	0	8												
City Portland State OR Zip Code 97213	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Bookkeeping Services Candidate Name	<table border="1"> <tr> <td colspan="10">60.00</td> </tr> </table>	60.00																			
60.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth Wilson	<b>Transaction ID:</b> D182927 <b>Date of Disbursement</b>																				
Mailing Address 13420 SW MacBeth Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	8		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	8		2	0	0	8												
City Tigard State OR Zip Code 97224	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll Candidate Name	<table border="1"> <tr> <td colspan="10">459.32</td> </tr> </table>	459.32																			
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Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Elizabeth Wilson	<b>Transaction ID:</b> D187603 <b>Date of Disbursement</b>																				
Mailing Address 13420 SW MacBeth Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
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**SUBTOTAL** of Disbursements This Page (optional) .....

978.64

**TOTAL** This Period (last page this line number only) .....

5502.68